

MARIN LAFCO
APPLICATION QUESTIONNAIRE

In accordance with requirements set forth in the California Government Code, the Commission must review specific factors in its consideration of this proposal. In order to facilitate the Commission's review, please respond to the following questions:

I. GENERAL INFORMATION

1. Please check the method by which this application was initiated:

Resolution of Application
 Petition

2. Does the application possess 100% written consent of each property owner in the subject territory? Yes No

3. A. Application is submitted for the following boundary change:
(BE SPECIFIC; i.e., "annexation," "reorganization".)

B. The reason the proposed action(s) has been requested:
(BE SPECIFIC; i.e., "annexation to sewer district for construction of three homes")

4. State general location of proposal:

5. Is the proposal within a city's boundaries?

Yes . Which city? _____.
No . If the proposal is adjacent to a city, provide city name: _____.

6. Is the subject territory located within an island of unincorporated territory? Yes No
Indicate city, if applicable: _____

7. Would this proposal create an island of unincorporated territory? Yes ____ No ____ . If yes, please justify proposed boundary change: _____

8. Provide the following information regarding the area proposed for annexation:
(Attach list if necessary.)

<u>A. Assessor's Parcel Number(s)</u>	<u>Site Address(es)</u>
_____	_____
_____	_____
_____	_____

B. Total number of parcels: _____.

9. Total land area: _____.

II. LAND USE AND DEVELOPMENT POTENTIAL

1. Describe any special land use concerns: _____

2. Indicate current land use:
(i.e., number of dwellings, permits currently held, etc.)

3. Indicate the current zoning (either city or county) title and densities permitted:

4. Has the area been rezoned? No _____ N/A _____ Yes _____
What is the rezoning classification, title and densities permitted? _____

5. Describe the specific development potential of the property:
(Number of units allowed in zoning.)

III. ENVIRONMENT

1. Is the site presently zoned or, designated for, or engaged in agricultural use?

Yes _____ No _____

If yes, explain: _____

2. Will the proposal result in a reduction of public or private open space?

Yes _____ No _____

If yes, explain: _____

3. Will service extension accomplished by this proposal induce growth in:

- A. This site? Yes _____ No _____ N/A _____
- B. Adjacent sites? Yes _____ No _____ N/A _____
- C. Unincorporated? Yes _____ No _____
- D. Incorporated? Yes _____ No _____

4. State general description of site topography: _____

5. Indicated Lead Agency for this project: _____

6. Indicate Environmental Determination by Lead Agency: _____
with respect to (indicate project) _____
dated _____.

(COPY OF ENVIRONMENTAL DOCUMENTS MUST BE SUBMITTED WITH APPLICATION.)

Please provide the names and addresses of persons who are to be furnished copies of the Agenda, Executive Officer's Report, and Notice of Hearing:

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name and Address of Applicant: _____

Telephone Number: H (____) _____ W(____) _____

_____	_____
Signature	Date
_____	_____
Signature	Date

PLAN FOR PROVIDING SERVICES

To be completed by a city or district representative for all **applications initiated by resolution or as required by Executive Officer.**

1. Enumerate and describe services to be extended to the affected territory:

Police: _____

Fire: _____

Sewer: _____

Water: _____

Other: _____

2. Advise whether any of the affected agencies serving or expected to serve this site are current operating at or near capacity: _____

3. Describe the level and range of services:

4. Indicate when services can/will be extended to the affected territory:

5. Note any improvements or upgrading of structures, roads, sewer or water facilities, or other conditions required within the affected territory: _____

6. Describe financial arrangements for construction and operation of services extended to the affected territory. Will the territory be subject to any special taxes, charges or fees? (If so, please specify.) _____

This section completed by:

(Name)

(Position)

(Agency)

(Phone #)